



Missouri Pharmacy Program – Preferred Drug List



Onychomycosis Antifungal Agents

Effective 12/07/05

Revised 07/06/2006

Preferred Agents

- Lamisil®
- Gris-Peg®
- Grifulvin® Suspension
- Griseofulvin Tablets
- Griseofulvin Powder

Non-Preferred Agents

- Sporanox®
- Itraconazole
- Griseofulvin Suspension
- Grifulvin® Tablets
- Fulvicin® Tab

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none">• Documented diagnosis of proximal or distal, white, subungual onychomycosis, identified through:<ul style="list-style-type: none">○ KOH microscopic exam○ Fungal Culture, or○ Nail Biopsy	<ul style="list-style-type: none">• Lack of adequate trial on required preferred agents
<ul style="list-style-type: none">• > 30% nail plate involvement	<ul style="list-style-type: none">• Therapy will be denied if no approval criteria are met
<ul style="list-style-type: none">• Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents<ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	<ul style="list-style-type: none">• Sporanox Only: <i>Left ventricular dysfunction, such as congestive heart failure (CHF)</i>
<ul style="list-style-type: none">• Documented compliance on current therapy regimen	
<ul style="list-style-type: none">• See Appendix for maximum approvable durations of therapy	<ul style="list-style-type: none">• Drug Prior Authorization Hotline: (800) 392-8030

Appendix

<i>Product</i>	Strength/Dose	Duration of Therapy	Anatomic location of infection
Lamisil	250mg Once Daily	6 weeks	Fingernails
Lamisil	250mg Once Daily	12 Weeks	Toenails
Sporanox	200mg BID	1 week (3 weeks no therapy) for 3 cycles (Pulse)	Fingernails
Sporanox	200mg Once Daily	12 weeks (or Pulse)	Toenails